

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21464

BIRTH NO.		REG. DIST. NO. <u>41</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>CEGAR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CEGAR</u>			
b. CITY OR TOWN <u>ELDORADO SPRGS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ELDORADO SPRGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KIRKPATRICK HOME</u>				e. STREET ADDRESS (If rural, give location) <u>215 HICKORY</u> 02010			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REUBEN</u>		b. (Middle) <u>W.</u>		c. (Last) <u>ASTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 21 55</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 4 1970</u>	
9. AGE (in years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country) <u>TRUCKSTON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>DAIRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TRUCKSTON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY ASTON</u>		13b. MOTHER'S MAIDEN NAME <u>HANNA</u>		14. NAME OF HUSBAND OR WIFE <u>THIARA ASTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.P. Carter Doverport Iowa</u> ADDRESS <u>Iowa</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>General debility</u> DUE TO (c) <u>Old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tumor in nasal cavity</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>AUG 19 1913</u> <u>July 19 55</u> , that I last saw the deceased alive on <u>7/20 55</u> , and that death occurred at <u>340 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L.T. Dumasway MD</u> (Degree or title)		23b. ADDRESS <u>El Dorado Springs Mo</u>		23c. DATE SIGNED <u>7/21/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WINKING CREEK</u>		24d. LOCATION (City, town, or county) (State) <u>DADE CO MO</u>	
DATE REC'D BY LOCAL REG. <u>7/21/55</u>		REGISTRAR'S SIGNATURE <u>George W. Hefner</u> 418		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hefner Funeral Home El Dorado Springs Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Hugh S. Allen*.....

Licensed Embalmer No. *282*

P. O. Address *E. L. Orsak*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.